

According to NASPE(National Association for Sport and Physical Education) guidelines, a high quality physical education program includes the following components:

- Meaningful Content:**
- * Instruction in a variety of motor skills that are designed to enhance the physical, mental, and social/emotional development of every child
 - * Fitness education and assessment to help children understand, improve and/or maintain their physical well-being
 - * Development of cognitive concepts about motor skill and fitness
 - * Opportunities to improve their emerging social and cooperative skills and gain a multi-cultural perspective
 - * Promotion of regular amounts of appropriate physical activity now and throughout life

- Appropriate Instruction:**
- * Full inclusion of all students
 - * Maximum practice opportunities for class activities
 - * Well-designed lessons that facilitate student learning
 - * Out of school assignments that support learning and practice
 - * No physical activity for punishment
 - * Uses regular assessment to monitor and reinforce student learning

- Opportunity to Learn:**
- * Instructional periods totaling 150 minutes per week (elementary) and 225 minutes per week (middle and secondary school)
 - * Qualified physical education specialist providing a developmentally appropriate program
 - * Adequate equipment and facilities

Massachusetts Department of Education
350 Main Street
Malden, MA 02148

InStepwithSchool Health

Your newsletter about coordinated school health programming

We encourage your contributions and feedback!

To send submissions, letters, and suggestions or to get on the mailing list, write to:

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Please share **InStep** with
your Health and Physical
Education Staff!

Did you know?

Massachusetts is one of the healthiest states in the U.S.! According to the United Health Foundation, Massachusetts is third in the nation according to the health of our population. The foundation used measurements such as smoking, heart disease risk, and access to health insurance as measurements. To get more information, go to the foundation's website at:
www.unitedhealthfoundation.org/shr/book.pdf

According to the Massachusetts 2001 YRBS (www.doe.mass.edu), students who participated in regular vigorous or moderate physical activity were less likely than their peers to have smoked in the 30 days before the survey.

According to Fitness for Youth, a program from the University of Michigan sponsored by Blue Cross and Blue Shield, the average U.S child spends 20% of his/her waking time watching TV and consumes at least 20 ounces of soda a day (which contains about 16 teaspoons of sugar). The USDA recommends that Americans should consume no more than 12 teaspoons of sugar a day on average. Just by drinking one 20 ounce soda, kids have already exceeded the recommended limit, not to mention the sugar they consume through other foods. For more information about Fitness for Youth, visit their website at:
www.fitnessforyouth.umich.edu.



InStepwith School Health

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From the Editor

As many of you already know, rates of overweight and obesity in both children and adults have increased significantly over the past thirty years. The reasons for this are many and varied, but the primary cause is likely a decrease in the amount of time Americans spend being physically active coupled with an increase in the availability of high caloric foods (especially "fast" foods) in much larger portions.

In response to the rise in obesity rates, the Centers for Disease Control and Prevention (CDC) has recently released a nationwide social marketing campaign promoting physical activity in teens (see p.3). Here in Massachusetts several local initiatives are trying to address this issue, including a state plan to prevent overweight and obesity in youth and the CDC funded Comprehensive School Health Education grant, focusing on the areas of physical activity and nutrition.

Additionally, the next few issues of **InStep** will focus primarily on strategies for developing a Coordinated School Health Program that includes opportunities for increased physical activity, nutrition education, and healthy food choices. Lifestyle habits are formed early in life, and schools can help children develop healthy habits that can last into adulthood.

InStep is produced with the support of the Centers for Disease Control and Prevention under Program Announcement 805.

CSHP is Moving Ahead in Newburyport

For many schools, implementing coordinated school health programs (CSHP) can be a daunting task. Some schools in Massachusetts are working to meet this challenge by addressing a few priority components of the model through collaborative efforts among students, school staff, parents and the community. By focusing primarily on nutrition and physical activity, the schools in Newburyport have managed to implement CSHP with great success.

In the middle school the principal, school nurse, health teachers, food service staff and school health council have worked together with the Nutrition Education and Training Program at the Massachusetts Department of Education (MDOE) to initiate positive changes in the school nutrition environment. They are using the School Health Index to define their current nutrition situation and strategize on plans for improvement. Additionally, health and physical education classes include lessons on nutrition and healthy eating. A school nutritionist is working with students, school staff, parents and health care providers to support healthy behaviors for students who are at risk for increased Body Mass Index measurements.

Physical activity has also been a centerpiece of Newburyport's coordinated school health program. At one elementary school, the Physical Education and Science curriculum director and school nursing leader have worked with staff to use pedometers to increase exercise through an employee walking program. Students at this elementary school are also involved in a pedometer program in their physical education classes, with plans to expand this program to the middle

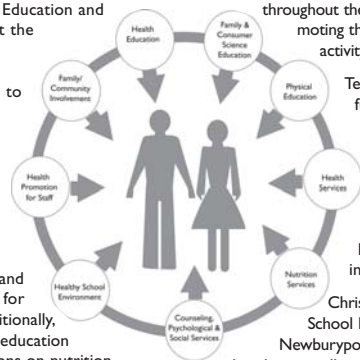
school. Last year, fifth and sixth grade students in the middle school gained 100% participation rates in the Walk Across America program. In the fall the middle school students participated in the National Walk to School Day effort held on October 2, 2002.

Newburyport's efforts to improve nutrition and increase physical activity also include actions taken outside the school environment. The Mayor, Board of Health, PTO, Police and School Health staff are working to make Newburyport a walking city that will insure the safety of students walking or biking throughout the community while promoting the benefits of physical activity.

Technical assistance and funding provided through the Enhanced School Health Services (ESHS) program at the Massachusetts Department of Public Health (MDPH) has helped to support these initiatives.

Christine Geoghegan, the School Nursing Leader for Newburyport's ESHS, acknowledged that there is still work to be done, but due to the support received through a variety of collaborations on the state, local and school level CSHP is getting off the ground in Newburyport. They are excited to build on their coordinated school health program efforts to promote healthy behaviors among students that will last a lifetime.

Thanks to Christine Geoghegan of Newburyport Public Schools, Anne Sheetz, Director of MDPH's School Health Unit and Connie Carroll, MDPH School Health Advisor for contributing to this article.



How CSHP can work at your school: Incorporating Physical Education and Physical Activity into the CSHP model

Health Services: The school nurse or health center should include physical activity in any health messaging and encourage students who opt out of PE for medical reasons to seek alternate means of incorporating physical activity into their day.

Physical Education: Ensure physical education class time is well-utilized, programs are up to date, and all students are able to participate regardless of skill level.

Health Education: Include the benefits of physical activity as part of a regular health education curriculum.

Counseling, Psychological and Social Services: Encourage exercise as a means for decreasing stress and anger; be aware of and address the social stigmas that "non-athletic" students face in PE class, and work with PE teachers to develop programs interesting to all students.

Family and Consumer Sciences Education: Teach students the importance of nutrition for optimal performance while exercising, and show students how to find foods that contain healthful, energizing ingredients.

In this example, Physical Education and Physical Activity are applied to the CSHP Model

Parent/Community Involvement: Students and parents should be encouraged to walk or bike to school (if safe). Ask the community to evaluate its open spaces to allow for maximum benefit of physical activities. Ask parents to support physical activities at home and at school.

Health Promotion for Staff: School staff can be encouraged to set examples through walking groups, exercising along with students, and incorporating physical activity into regular classroom time.

Food and Nutrition Services: School meals should have foods that support physical activity and provide energy and nutrients. Include breakfast as part of school food services. Non-nutritive snacks should be eliminated for optimum performance in physical education class, athletics, and intramural sports.

Safe and Healthful School

Environment: In physical education class, equipment should be safe and there should be room for all students to participate. Physical education class is a good place to encourage the mediation skills, negotiation skills, and stress-management skills found in many substance abuse and violence prevention programs.



Promoting Better Health for Young People Through Physical Activity and Sports

The National Conference on *Promoting Better Health for Young People Through Physical Activity and Sports* took place in Arlington, VA on September 4 - 5, 2002. This landmark event brought together organizations and agencies interested in the health, education and well-being of young people to discuss programs and policies that encourage safe and enjoyable physical activity in schools, after school programs, and communities.

John P. Burke from the President's Council on Physical Fitness and Sports summed up the 2-day conference the best when he remarked "we are all very lucky people here because we get to sell the best product in the world - movement".

To learn more, contact Sondra Nealon, Physical Activity and Wellness Program Director, MDPH
Sondra.Nealon@state.ma.us.

Congratulations to the Massachusetts winners of the Carol M. White Physical Education Program (PEP) Grants to support innovative approaches to health and physical activity: Malden Young Mens Christian Association, Boston Public Schools, Brockton Public Schools, and North Center Charter Essential School in Fitchburg.

The Centers for Disease Control and Prevention (CDC) has released "Strategies for Addressing Asthma Within a Coordinated School Health Program," available on-line at:
<http://www.cdc.gov/nccdphp/dash/asthma>.

The Massachusetts Prevention Centers have been reorganized. The new capacity-building system includes six Regional Centers for Healthy Communities (RCHC), funded by MDPH's Bureau of Substance Abuse Services (BSAS). For more information please visit the Massachusetts Department of Public Health website:
<http://www.state.ma.us/dph/ohc/ohc.htm>

CDC has released a new set of fact sheets from its *School Health Policies and Programs Study (SHPPS) 2000*. The fact sheets and information about SHPPS 2000 are available at: www.cdc.gov/shpps.

The National Association for Sport and Physical Education (NASPE) has published a new position paper called "Co-Curricular Physical Activity and Sport Programs for Middle School Students." For a complete listing of free NASPE Position Papers, visit www.aahperd.org/naspe. Then click Issues & Action, then Position Papers.

Congratulations to Gloucester High School for the opening of their new school-based health center! Parents, school committee members, elected officials, students and the community at-large mobilized efforts in support of providing health education and services in their school.



Spotlight! The CDC Physical Activity Media Campaign & Quality Physical Education Programs

Massachusetts and the Centers for Disease Control and Prevention Physical Activity Media Campaign

In December 2001, as part of a larger effort on the part of the CDC to address the growing issue of overweight and decreased physical activity in young people across the United States, Congress charged the CDC with creating a healthy movement among youth through a paid media campaign.

The campaign, called "Verb: It's What You Do," was initially developed with marketing agencies and tested on kids across the U.S. to make sure it appealed to 'twens (kids aged 9-13), and, as a result, the campaign is based on the idea that kids would be more responsive if they were reaching their own conclusions and making their own decisions regarding physical activity.

"Verb," as the campaign has come to be known, asks kids to identify a VERB (such as *Running*) that matches their own interests, and to use "their VERB" as a launching pad to become active and involved and to make regular physical activity and healthy behaviors a lifetime pursuit. According to CDC Director Dr. Julie Gerberding, the campaign "gives kids concrete examples of how to get active in a fun, cool and meaningful way...and it will also give kids role models, such as famous athletes or musicians or dancers..." The Campaign, comprised of television, radio spots, a website, and local events in cities across the U.S., is designed to reach children in different socio-economic and ethnic backgrounds.

"Verb" reflects growing concern across the nation about increased rates of obesity in adults and kids. For example, the 2000 *Behavior Risk Factor Surveillance System* conducted by the Massachusetts Department of Public Health (MDPH) reports that over half (52%) of adults are overweight, reflecting a 30% increase over the last decade. According to the 2001 *Massachusetts Youth Risk Behavior Survey (YRBS)* conducted by the Massachusetts Department of Education (MDOE), 15% of high schools students were at risk for

becoming overweight and 10% were definitely overweight. Additionally, four percent of overweight adolescents have Type II Diabetes, a disease previously only found in adults (Sinha et al, NEJM, 2002). Numbers like these have inspired many states, including Massachusetts, to follow the CDC's example and take action to address this issue.

In 2001, the CDC provided funding to five states willing to develop innovative physical education or physical activity programs. Since the CDC had yet to identify "Verb" as the focus of their physical education media campaign, the five states were free to address increasing physical activity any way they chose as long as their plan was unique, innovative, and replicable.

Massachusetts was selected on the basis of the AIMS-PE project, developed by MDOE in conjunction with UMass Amherst and MAHPERD (Massachusetts Association for Health and Physical Education, Recreation and Dance). AIMS-PE, which stands for Assessment Initiative in Middle Schools for Physical Education, is unique in that it is a tool for assessing student knowledge and skills around physical education, not just fitness levels (although it does allow for that as well).

Linda Griffin, Ph.D, a professor of Physical Education at UMass Amherst, is the primary researcher for AIMS-PE. Along with her team of student researchers and physical education specialists, Dr. Griffin has developed the pilot version of AIMS-PE based on the latest techniques in physical education and assessment and on the physical education standards set forth in the Massachusetts Comprehensive Health Curriculum Frameworks. As a result, schools opting to use AIMS-PE will be able to clearly identify how it fits in with their physical education curriculum.

Currently being piloted in eight schools in Massachusetts, AIMS-PE will be available to all middle schools after a revision process. Additionally, training and technical assistance on using AIMS-PE will be made available once piloting and revisions are completed.

For more information about AIMS-PE, contact Jhana O'Donnell at MDOE: 781-338-6325, jo'donnell@doe.mass.edu.

What Constitutes a Quality Physical Education Program?

The National Association for Sport and Physical Education (NASPE) believes that every student in our nation's schools, from kindergarten through grade 12, should have the opportunity to participate in quality physical education. It is the unique role of quality physical education programs to develop the health-related fitness, physical competence, and cognitive understanding about physical activity for all students so that they can adopt healthy and physically active lifestyles.

Today's quality physical education programs provide learning experiences that meet the developmental needs of children which help to improve a child's mental alertness, academic performance, readiness to learn and enthusiasm for learning. Physical activity and fitness are important outcomes of a physically educated child.

In schools, a sequential, developmentally appropriate curriculum can be designed, implemented, and evaluated to help students develop the knowledge, motor skills, self-management skills, attitudes, and confidence needed to adopt and maintain physical activity throughout their lives. The Massachusetts Comprehensive Health Curriculum Frameworks provide guidance on the elements of a sound program in physical education.

Physical education is vital to all aspects of the normal growth and development of children and youth, - not only physical but social and emotional growth as well. Enhanced learning, better concentration, improved self-control and self-confidence as well as promotion of healthy, positive and lifelong attitudes towards physical activity are well-documented benefits of quality physical education in schools.

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